



Region IV
Sam Nunn Atlanta Federal Center
61 Forsyth Street, S.W., Suite 3B70
Atlanta, GA 30303-8909

Discrimination Complaint Form

Note: We are asking you for the following information to assist us in processing your complaint.
If you need help in completing this form, please let us know.

1. Complainant's Name: _____

Address: _____

City, State & Zip Code: _____

Telephone Number: _____

(Area Code)

Home

(Area Code)

Business

2. Person discriminated against (If someone other than the complainant):

Name: _____

Address: _____

City, State & Zip Code: _____

3. What is the name and location of the institution or agency that you believe discriminated against you:

Name: _____

Address: _____

City, State & Zip Code: _____

Telephone Number: _____

Lowndes County, MS (Esp. Board of Supervisors)

P.O. Box 1364

Columbus, MS 39703

662-329-5888

4. Which of the following best describe(s) the basis (or reason) you believe the discrimination took place? Was it because of your:

a. _____ Race/Color: _____
(Specify)

d. _____ Sex: _____
(Specify)

b. _____ National Origin: _____
(Specify)

e. ☒ Handicap: Hypersensitivities to organophosphate & carbamate pesticides
(Specify)

c. _____ Age: _____
(Specify)

f. _____ Religion: _____
(Specify)

g. _____ Other _____
(Explain)

5. What date did the alleged discrimination take place?

Date: Reported to Lowndes County on 4/17/02

6. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible:

Lowndes County, Mississippi was made aware of our
federally recognized disabilities concerning organophosphate
and carbamate pesticides on 4/10/02. During the
attempts to prevent serious illnesses and/or death
from County mosquito control, we learned that
the County had and is continuing to pass out
organophosphate pesticides to County residents.
These pesticide can readily appear in ground water
runoff. The runoff from 2 county roads/drains are
being dumped onto our property, thus a serious
risk and severely restricting the use of our
property. Various county officials and the Board
of Supervisors were asked to re-route the
drainage. The Board refused in a 5/31/02 meeting,
County employee [redacted] may have been dismissed
for assisting us.

7. Have you tried to grieve this complaint through the internal grievance procedure at the institution or agency?

☒ YES ☐ NO

If "YES", what is the status of the grievance?

The County Board of Supervisors for Lowndes
County said that they could not fix the
drainage even though the water runoff goes
into two County drains which dump on our property
or on top of the front yard when it-the water-
is too high and jumps the street guttering.

Please provide the name and title of the person who is handling the grievance procedure.

Name: The County Board of Supervisors, President Joe Brooks
 Title: President, Board of Supervisors.

8. Have you filed this complaint with any other Federal, State or Local agency; or any Federal or State court?

☐ YES ☒ NO

If "YES", check one or more:

- ☐ Federal agency
☐ Federal Court
☐ State agency
☐ State Court
☐ Local agency

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Please provide information about a contact person at the agency/court where the complaint was filed:

Name: (None filed as of this date)

Address: _____

City, State & Zip Code: _____

Telephone Number: _____
(Area Code)

9. Do you intend to file this complaint with another agency? ☒ YES ☐ NO

If "YES", when and where do you intend to file the complaint?

Date you intend to file: within 2 weeks

Agency: EPA for Mississippi Keith Davis

Address: _____

City, State & Zip Code: _____

Telephone Number: 800 - 241 - 1754
(Area Code)

10. Has this complaint been filed with OCR before? ☐ YES ☒ NO

If "YES", when: _____
(Date)

11. Have you filed any other complaints with the Office for Civil Rights?
☒ YES ☐ NO If "YES", when and against whom were they filed?

Date filed: 1/98 Docket #03983013

Name: Paul Cushing (assigned to Leonard G. Swartz)

Address: OCR, Public Ledger Bldg., Suite 372
150 S. Independence Mall West

City, State & Zip Code: Philadelphia, PA 19106-9111

Telephone Number: 215 - 861 - 4437
(Area Code)

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Please give a brief description of the other complaint:

Local hospital non-profit denied services even when
confronted with both complainants' disabilities to
two classes of pesticides - organophosphates and
carbamates.

What is the status of the other complaint?

Disabilities federally recognized. Hospital system
ordered to provide services.

12. Please sign below. You may attach any written materials or other information which you think is relevant to your complaint.



6/7/02

6/7/02

(Date)

13. Consent and Release Forms

In order for us to investigate your complaint, it may be necessary to disclose your name to the institution under investigation and to persons who may have information about your complaint. If you are willing to give us permission to release your identity, please sign the Consent and Release Forms attached hereto.

Return the completed form to:

Office for Civil Rights
DHHS, Region IV
ATLANTA FEDERAL CENTER
61 Forsyth Street, S.W., Suite 3B70
Atlanta, Georgia 30303-8909